

Oklahoma Health Care Authority

Drug Utilization Review Board

(DUR Board)

Packet – January 12, 2022

Oklahoma Health Care Authority (OHCA)

4345 N. Lincoln Blvd.

Oklahoma City, Oklahoma 73105

NOTE: ***No live January meeting. January 2022 is a packet-only meeting.***

AGENDA

Discussion and action on the following items:

Items to be presented by Dr. Muchmore, Chairman:

1. DUR Board Meeting Minutes – See Appendix A

- A. December 8, 2021 DUR Board Meeting Minutes
- B. December 8, 2021 DUR Board Recommendations Memorandum
- C. Correspondence

Items to be presented by Dr. Nawaz, Dr. Chandler, Dr. Muchmore, Chairman:

2. Update on Medication Coverage Authorization Unit/SoonerCare Opioid Initiative Update – See Appendix B

- A. Pharmacy Helpdesk Activity for December 2021
- B. Medication Coverage Activity for December 2021
- C. SoonerCare Opioid Initiative Update

Items to be presented by Dr. Ha, Dr. Muchmore, Chairman:

3. Annual Review of Antihyperlipidemics and 30-Day Notice to Prior Authorize Evkeeza™ (Evinacumab-dgnb) and Leqvio® (Inclisiran) – See Appendix C

- A. Current Prior Authorization Criteria
- B. Utilization of Antihyperlipidemics
- C. Prior Authorization of Antihyperlipidemics
- D. Market News and Updates
- E. Evkeeza™ (Evinacumab-dgnb) Product Summary
- F. Leqvio® (Inclisiran) Product Summary
- G. College of Pharmacy Recommendations
- H. Utilization Details of Antihyperlipidemics

Items to be presented by Dr. Nawaz, Dr. Muchmore, Chairman:

4. Annual Review of Glaucoma Medications – See Appendix D

- A. Current Prior Authorization Criteria
- B. Utilization of Glaucoma Medications
- C. Prior Authorization of Glaucoma Medications
- D. Market News and Updates

- E. College of Pharmacy Recommendations
- F. Utilization Details of Glaucoma Medications

Items to be presented by Dr. Wilson, Dr. Muchmore, Chairman:

5. Annual Review of Gonadotropin-Releasing Hormone (GnRH) Medications and 30-Day Notice to Prior Authorize Myfembree® (Estradiol/Norethindrone/Relugolix) – See Appendix E

- A. Current Prior Authorization Criteria
- B. Utilization of GnRH Medications
- C. Prior Authorization of GnRH Medications
- D. Market News and Updates
- E. Myfembree® (Estradiol/Norethindrone/Relugolix) Product Summary
- F. College of Pharmacy Recommendations
- G. Utilization Details of GnRH Medications

Items to be presented by Dr. Wilson, Dr. Muchmore, Chairman:

6. Annual Review of Oxlumo™ (Lumasiran) – See Appendix F

- A. Current Prior Authorization Criteria
- B. Utilization of Oxlumo™ (Lumasiran)
- C. Prior Authorization of Oxlumo™ (Lumasiran)
- D. Market News and Updates
- E. College of Pharmacy Recommendations

Items to be presented by Dr. Chandler, Dr. Muchmore, Chairman:

7. Annual Review of Dry Eye Disease (DED) Medications and 30-Day Notice to Prior Authorize Tyrvaya™ (Varenicline Nasal Spray) – See Appendix G

- A. Current Prior Authorization Criteria
- B. Utilization of DED Medications
- C. Prior Authorization of DED Medications
- D. Market News and Updates
- E. Tyrvaya™ (Varenicline Nasal Spray) Product Summary
- F. College of Pharmacy Recommendations
- G. Utilization Details of DED Medications

Items to be presented by Dr. Chandler, Dr. Muchmore, Chairman:

8. Annual Review of Imcivree™ (Setmelanotide) – See Appendix H

- A. Current Prior Authorization Criteria
- B. Utilization of Imcivree™ (Setmelanotide)
- C. Prior Authorization of Imcivree™ (Setmelanotide)
- D. Market News and Updates
- E. College of Pharmacy Recommendations

Items to be presented by Dr. Borders, Dr. Muchmore, Chairman:

9. Annual Review of Elzonris® (Tagraxofusp-erzs) and Inrebic® (Fedratinib) – See Appendix I

- A. Introduction
- B. Current Prior Authorization Criteria
- C. Utilization of Elzonris® (Tagraxofusp-erzs) and Inrebic® (Fedratinib)
- D. Prior Authorization of Elzonris® (Tagraxofusp-erzs) and Inrebic® (Fedratinib)
- E. College of Pharmacy Recommendations

Items to be presented by Dr. Borders, Dr. Muchmore, Chairman:

10. Annual Review of Turalio® (Pexidartinib) – See Appendix J

- A. Introduction
- B. Current Prior Authorization Criteria
- C. Utilization of Turalio® (Pexidartinib)
- D. Prior Authorization of Turalio® (Pexidartinib)
- E. College of Pharmacy Recommendations

Items to be presented by Dr. Nawaz, Dr. Muchmore, Chairman:

11. U.S. Food and Drug Administration (FDA) and Drug Enforcement Administration (DEA) Updates – See Appendix K

Items to be presented by Dr. Adams, Dr. Muchmore, Chairman:

12. Future Business* (Upcoming Product and Class Reviews)

- A. Anticonvulsants
- B. Anti-Migraine Medications
- C. Leukemia Medications
- D. Topical Acne and Rosacea Products

*Future product and class reviews subject to change.

NOTE: An analysis of the atypical [Aged, Blind, and Disabled (ABD)] patient subgroup of the Oklahoma Medicaid population has been performed pertaining to all recommendations included in this DUR Board meeting packet to ensure fair and knowledgeable deliberation of the potential impact of the recommendations on this patient population.